

# NATIONAL Assessment Centre Services

SM09-233R000J

Date In: 27/03/2023 19:50	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: X1B8/SM022003158/Y	E-mail (within 24hrs, A/C 2hrs)		
Veh No: SGT 7103E	1-Motor Claim Form		
D.O.A: 25/03/2023 12:30	1-Motor W/O (within 24hrs, A/C 2hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SDW 22585	INC ( ) / Non-INC ( )	
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	3% (Note: Hst Status (WO): 1% 0-20%, 1% 21-70%, 1% 80-100%)	
Year of Registration: ( )	Warranty: YES ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury: ( )

Other: ( )

NA200893	Invoice Preparation Charge: ( )
1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$10/\$15
4) PE: Follow Through Survey	\$12
5) PT: Follow Through Survey (Emergency)	\$30
6) TR: Re-inspection	\$15
7) NI: New DA + Shift Survey	\$140
8) NTUC Additional Fee:	
GR:	
*NI: Courtesy Car / Tel Allowance	\$5
*NI: Repair Coordination	\$15
*NI: Post Repair Inspection	\$35
*NI: BY / Collect Excess Coordination	\$1
*TP (H1): TP (H1) INC: Repair INC	\$20
*TP (H2): TP (H2) INC: Repair INC	\$10
Invoice Total	
Invoice Date	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date of Submission	27/03/2023 19:50 (SGT)
Reported by	Actual Driver
Date of Accident	25/03/2023 12:30 (SGT)
Exact Location of Accident	Tampines Ave 10, Singapore
Additional Location Information	JUNCTION WITH TAMPINES LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ7103E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH EAK BWN RONNOLD
NRIC No	SXXXX207Z
Email Address	kennethgohqq@gmail.com
Mobile Phone No	(Phone) +65-97368082
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Previa
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2362

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01004218

#### DRIVER

Name of Driver	WONG YEK LAN
NRIC No	SXXXX050B
Date Of Birth	11/03/1967
Occupation	Outdoor

Date Of Driving Pass .....	18/06/2002
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96645594
Alt. Phone Number .....	-
Email Address .....	kennethgohqq@gmail.com
Address .....	BLK 933 TAMPINES STREET 91 #02-367
Address complement .....	-
Postcode .....	520933
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	Yes
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	GOH EAK BWN RONNOLD
Gender .....	Male

#### PASSENGER 2

Name .....	JONATHAN GOH QING HUA SKY
Gender .....	Male

#### PASSENGER 3

Name .....	KENNETH GOH QING QIAN
Gender .....	Male

#### PASSENGER 4

Name .....	JULIS GOH
Gender .....	Male

#### PASSENGER 5

Name .....	JAELA ONG SIN YEE
Gender .....	Female

#### PASSENGER 6

Name .....	HO ZHAO XIAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230327/7046

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDW2258S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	WONG YEK LAN
Gender	Female
Phone No	(Phone) +65-96645594
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGJ7103E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	GOH EAK BWN RONNOLD
Gender	Male
Phone No	(Phone) +65-97368082
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGJ7103E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Rease report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. The report will be forwarded by the insurers of the GIA Records IManagement Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### 8. Consent under the Personal Data Protection Act (POPA)

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) /  
Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in Nric/ID card)

A: SGJ7103E  
B: SDW2258S

JUNCTION OF TAMPINES AVE 10 AND  
TAMPINES LINK



**Describe Circumstances of the Accident**

Refer to plan report T/20230327/7046

**Declaration**

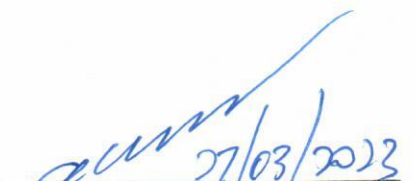
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



Driver's Signature (If driver is not the policyholder) / Date  
& Time

  
27/03/2023  
Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20230327/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20230327/7046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/03/2023 14:53	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: GOH EAK BWN RONNOLD		Address: 933 TAMPINES STREET 91 #02-367 SINGAPORE 520933	
ID Type / ID No.: NRIC NO / S1333207Z		Contact No.: Home/Office: Mobile: 97368082	
Nationality: SINGAPORE CITIZEN		Email: kennethgohqq@gmail.com	
Sex: Male	Age: 64	Date of Birth: 02/06/1958	Type of Informant: Passenger
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employed		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2023 12:30	Type of Location: X-Junction
Location:  TAMPINES LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDW2258S	Car					0
SGJ7103E	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230327/7046

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230327/7046

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	GOH EAK BWN RONNOLD	ID No.	S1333207Z
Related Vehicle	NIL	Contact No.	97368082
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Driver</b>			
Name	WONG YEK LAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	JAELA ONG SIN YEE	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
<b>Passenger</b>			
Name	HO ZHAO XIAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20230327/7046

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230327/7046

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
27/03/2023 14:53

Classification Of Case:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 25/03/2023 (dd/mm/yy) Time of Accident: 12 : 30 (24-HR-FORMAT)  
Vehicle No.: SGJ 7103 E Vehicle Make & Model / Engine (cc): Toyota Previa 2362cc Private Hire: (Y / N)  
Exact location of Accident: Junction of Tampines Ave 10 and Tampines Link  
Policyholder's Name / IC No.: Goh Eak Bwn Ronnold S1333207Z  
Driver's Name / IC No.: Wong Yek Lan S2590050B (As Above) ☐  
Driver's Contact No.: 9664 5594 Company Contact No / Owner Contact No: 9736 8082  
Driver's Address: 933 Tampines Street 91 #02-367 S520933  
Owner Email address: kennethgohqq@gmail.com Insurance Company: Sompo  
Driver Email address: kennethgohqq@gmail.com 11/03/1967 18/06/2002

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Spouse

What do you wish to claim? (Please **TICK** one only)

☒ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver): 7

\*Passanger Name: 4 male passenger Goh EB, Jonathan Goh, Kenneth Gog, Julis Goh Gender: Male

\*Passanger Name: 2 female passenger Jaela Ong Sin Yee, Ho Zhao Xian Gender: Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: 6 of them, except Julius Goh

Injuries Sustain: Unknown Injured Person in Which Vehicle: SGJ 7103 E

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SDW 2258 S

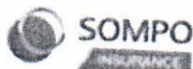
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623

Tel: 6461 5555 | www.sompo.com.sg

Co. Reg No.: 201905406E | GST Reg No.: M2500319H

## CERTIFICATE OF INSURANCE

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D23MTPV01004218  
Insured : GOH EAK BWN (NOT DRIVING)  
Vehicle Registration No. : SGJ7103E  
Coverage : COMPREHENSIVE - AUTHORISED WORKSHOP PLAN  
Policy Commencement Date : 21 MARCH 2023 00:00  
Policy Expiry Date : 20 MARCH 2024 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : TOKYO CENTURY LEASING (S) PTE. LTD  
Excess\* : S\$600 - SECTION I  
Voluntary Excess\* : N/A  
Waiver of Excess : COVERED  
This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to Additional Excess as indicated in the Policy Schedule  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM  
\* Subject to GST wherever applicable

### Persons or Classes of Persons entitled to drive

- Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.
- In the event of the death of the Insured,
  - any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
  - any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

### Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

### Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Centre with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For the list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 185) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 04 MARCH 2023 02:04

## SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : GAC GI PTE. LTD. / 11G08803 CI Code : 22B J3LDP0J42M0BOK\_A